

HEALTH CARE CENTER POLICIES AND PROCEDURES

SUBJECT: Lift-Use of Resident Lift/Transfer/Positioning Equipment

- I. PURPOSE:** To protect residents and staff from injuries during lifting, transferring, and positioning.
- II. POLICY:** All staff is responsible for knowing the proper procedure to use with each lift, transfer, or positioning agent. The resident's lifting/transferring plan will consider the resident's needs/rights and ability to participate with the lifts/transfers, the variability in the resident's behavior and condition, and employee and resident safety.
- o Improve working conditions by reducing the incidence of back fatigue and back injuries.
 - o Maintain a high level of resident dignity and quality care.
 - o Standardize all lifting procedures and provide tools to lift safely.
 - o Protect staff and residents from injury.
- III. REFERENCES:** Owen, B.D. and Garg, A. Back Stress Isn't Part of the Job" *American Journal of Nursing*, Jan, 1993.
U.S. Department of Health and Human Services. *Work Practices Guide for Manual Lifting* (DHHA [NIOSH] Publication No. 81-122), Cincinnati, OH, 1981.
Lippencott Manual
Mosby's Textbook for Nursing Assistants
Back Care Pamphlet
- IV. FORMS:** None
- V. PROCEDURES:**
- A. Transfers not using a mechanical device.**
1. These transfers are limited to:
 - a. Assisting residents who are ambulatory, stable and need minimal assistance into and out of bed, chairs and commodes.
 - b. Assisting with resident's needs in bed where the resident is able to assist or re-positioning a resident by sliding the bedsheet/bed pad, SLIPP sheet, or Patient Repositioner sheet.
 - c. Other lifts and transfers where the back and knees remain vertical and the lift does not exceed 30 pounds.
 2. When physically assisting in lifting or transferring of residents, gait belts or transfer belts will be used to maintain safe lifting posture, unless such use is medically contraindicated for the resident or the resident's careplan specifically documents not to use a gait or transfer belt.

HEALTH CARE CENTER
POLICIES AND PROCEDURES – SUBJECT: Lift-Use of Resident Lift/Transfer/Positioning
Equipment

V. PROCEDURES: (continued)

3. In an emergency, good judgement should be used in determining a proper lifting strategy.

B. Transfers using a mechanical device.

1. Residents will be evaluated in an ongoing manner for the type of lift and equipment necessary for their needs and the transfer which is to be completed.
2. This evaluation will be incorporated into the written care plan and updated as needed.
3. The lifting strategy may change during the shift or across shifts according to the resident's condition.
4. Staff will perform the lift/transfer in accordance with the manufacturers directions.
5. Sling Lift transfers must be completed with two (2) staff members.
6. Standing Lift transfers may be completed by one (1) staff member, unless care plan indicates that two (2) will be used or there is any question of resident or staff safety or security.
7. Instructions for changes in the resident's current lift/transfer protocol will be communicated to staff via cross-shift report, the care plan, etcetera.
8. Any changes to the stated careplan must be documented in the Interdisciplinary Progress Notes.
9. In an emergency, good judgement should be used in determining a proper lifting strategy.

IV. ATTACHMENTS: None

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HEALTH CARE CENTER POLICIES AND PROCEDURES

Subject: Lift—PAL Pro-Assist

- I. **PURPOSE:** To provide a safe transfer from bed, chair, commode and to standing positions for provision of cares or therapy sessions. For residents weighing less than 400 pounds.
- II. **POLICY:** Nursing staff will be responsible for the safe use of the Pro-Assist Lift (PAL). Residents may be transferred by one staff person with this lift if it has been determined to be safe to do so. The care plans of residents who require two (2) staff persons for safe use of the PAL will reflect this. Facilities Management will provide maintenance and repair as needed after notification via a workorder generated by nursing.
- III. **REFERENCES:** The Pro-Assist Operator Instruction Manual
Owen, B.D. and Garg, A. Back Stress Isn't Part of the Job" *American Journal of Nursing*, Jan. 1993.
U.S. Department of Health and Human Services. *Work Practices Guide for Manual Lifting* (DHHA [NIOSH] Publication No. 81-122), Cincinnati, OH, 1981.
Lippencott Manual
Mosby's Textbook for Nursing Assistants
Back Care Pamphlet
- IV. **FORMS:** Resident Care Plan
- V. **PROCEDURE:**
- A. Explain the procedure to the resident.
- B. Provide privacy when appropriate.
- C. PAL legs must be fully extended into the wide position when lifting a resident.
- D. Selecting and Applying the Sling:
1. The most important part of the lift is the applying and sizing the butterfly sling. There are two sizes available, regular and large.
 2. Lean the resident slightly forward, just enough to insert the selected size sling behind the back, then bring under the arms and make sure it is centered.
 3. Start with the restraint strap loose when fastening the buckle to prevent clothing from getting caught in the buckle. If the restraint strap is too short, use the bigger sling. Fasten the safety restraint strap snugly by pulling with your left hand towards your right hand. Don't hold on to the buckle and pull or sometimes it binds and feels snug when it is not. With a person in the sitting position, the torso is compressed together.

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift-PAL Pro-Assist

V. PROCEDURES: (continued)

4. *Once the person starts lifting, the torso will straighten out and restraint strap will loosen. When this point, retighten the strap to ensure the comfort and safety of the person being transferred.*

E. Attaching Sling to the Lift:

1. Once the sling is applied, lock the brakes on the wheelchair.
2. Bring the lift up to the resident and assist the resident's feet onto the footboard.
3. Push the lift forward until the resident's knees touch the knee rest.
4. *Lock the brakes* on the lift to prevent the resident from pushing the lift away from them. The knee rest has a built-in leg restraint strap to be used for a resident who does not have much control over his/her leg movements. This will keep the legs securely on the knee rest. It is not necessary to use the strap on everyone, and individual assessments need to be made on an ongoing basis to ensure safety.
5. Attach the metal buckles on the butterfly sling to the left, making sure the straps are not twisted and that the resident's arms are around the outside of the straps. Adjust the straps evenly, leaving a little slack.
6. Place the resident's hands on the handles if this is physically possible. If the person being transferred cannot hold their hands on the handles, they can let their arms hang on the side, assuming they have adequate torso strength. If the resident has significant muscle weakness or a known muscular disorder, request an Occupational Therapy consult before proceeding. *With the PAL the resident being transferred does not need much leg or arm strength, but it is important for the resident to have some upper body strength, or injury can occur to the shoulder joints. Ongoing assessment needs to be conducted to ensure that the resident continues to meet have adequate upper body strength to ensure a safe transfer. This lift should not be used for a resident who is totally non-ambulatory or bedridden. A full body lift mechanism is to be used for such a situation.*
7. Encourage the resident to use any upper body strength that they may have, as this will help them maintain some of the strength that they still have.

F. Transferring from Chair to Commode:

1. Once the sling has been attached to the PAL as reviewed in Section E, you are not ready to push the up ↑ button and lift the resident clear of the chair.
2. Just as the lift starts lifting and the torso starts to straighten, snug up the restraint strap. This will make the lift much more comfortable for the person being transferred.

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift-PAL Pro-Assist

V. PROCEDURES: (continued)

3. Unlock the breaks and clear the resident of the chair. Adjust clothing and wheel the lift into the bathroom or onto a portable commode/showerchair.
4. Press the down ↓ button and slowly lower the resident onto the toilet, commode, or shower chair. After the resident is seated, leave a little slack in the belts, and the lift will keep a person centered on the commode.

G. Transferring from Chair to Bed:

1. Once the sling has been attached to the lift as reviewed in Section E, the PAL can be used for transferring a resident back to bed.
2. For this transfer, bring the person to more of a standing upright position in the lift. For a taller resident, you may need to shorten the straps on the metal buckles to get more lifting height.
3. For this transfer, bring the person to more of a standing upright position in the lift. For a taller resident, you may need to shorten the straps on the metal buckles to get more lifting height.
4. Transfer the resident to the center of the bed and hold the lift tight to the edge of the bed until the resident is seated on the bed.
5. While assisting the resident, detach the metal buckles, lift the resident's feet clear of the foot board, and pull the lift away.
6. Detach the plastic buckle on the restraint strap by first pulling the buckle to allow plenty of slack, this will make it easier to get your fingers on the release.
7. Remove the sling and assist the resident to a lying position on the bed.

H. Transferring from Bed to Chair:

1. When transferring from bed to wheelchair, it is required that the resident be assisted to a sitting position on the edge of the bed first. *Remember to use proper body mechanics to achieve this safely. In some cases you may wish to do this transfer with a full body lift and use the PAL to go back to bed.*
2. It is recommended to use a 2-person transfer when doing this particular maneuver for added safety.
3. With a resident that can sit at the edge of the bed with little assistance, apply the sling once they are seated at the edge of the bed as described in Section E. For someone with little stability, apply the sling while they are in a lying position in bed by raising the shoulders and inserting the sling behind the back.

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift-PAL Pro-Assist

V. PROCEDURES: (continued)

4. Apply the safety restraint strap, then bring to a seated position on the edge of the bed. This will shorten the time you will have to support the resident in a sitting position before you hook up to the PAL.

I. Standing Position without Footboard:

1. Once the sling has been attached to the lift as reviewed in Section E, the PAL can be used for standing a resident without the footboard. This works well for therapy sessions where the resident can stand while supported in the sling. The sling will continue to support the resident if they were to collapse, and will bring them back to a sitting position slowly and safely.
2. The removable footboard on the PAL allows a resident to be lifted to a standing position with the feet flat on the floor instead of on the footboard. The footboard lifts off and works the same way as before, just that the feet are on the floor. You may want to use a grip pad under the feet of the resident being transferred to prevent the feet from slipping towards the lift.
3. Lock the brakes and hold on to the handles of the PAL to prevent the lift from moving forward.
4. The legs must be at least at a 90-degree angle so that once the person has reached a standing position they will not be leaning back but straight up and down.

VI. ATTACHMENTS: None

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**HEALTH CARE CENTER
POLICIES AND PROCEDURES**

SUBJECT: Lift – ARJO Tempo Lift

- I. PURPOSE:** To protect residents and staff from injuries during lifting, transfers, transport, and positioning.
- II. POLICY:** Nursing staff will be responsible for the safe use of the ARJO Tempo Lift. All Tempo slings will support up to 420 pounds, with the Extra Large sling supporting up to 440 pounds. Residents must be transferred by two staff people with this lift.
- Improve working conditions by reducing the incidence of back fatigue and back injuries.
- Maintain a high level of resident dignity and quality care.
 - Standardize all lifting procedures and provide tools to lift safely.
 - Protect staff and residents from injury.
- Facilities Management will provide maintenance and repair as needed after notification via a workorder generated by nursing.
- III. REFERENCES:** ARJO Tempo Operations Manual
Owen, B.D. and Garg, A. Back Stress Isn't Part of the Job" *American Journal of Nursing*, Jan. 1993.
U.S. Department of Health and Human Services. *Work Practices Guide for Manual Lifting* (DHHA [NIOSH] Publication No. 81-122), Cincinnati, OH, 1981.
Lippencott Manual
Mosby's Textbook for Nursing Assistants
Back Care Pamphlet
- IV. FORMS:** Resident Care Plan
Nursing Kardex
CNA Group Assignment Sheets
- V. PROCEDURES:**
- A. Resident Assessment:**
1. A clinical assessment should be carried out by a suitably qualified person before lifting residents who are non-weight bearing.
 2. Before lifting a resident, a staff person must familiarize her/himself with and understand the operation of the various controls and features of the Tempo and to carry out any action or checking procedure in the section titled "Preparation for Use" in the Operation Manual before lifting a resident.
 3. Explain the procedure to the resident and provide privacy when appropriate.

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift – ARJO Tempo Lift

V. PROCEDURES: (continued)

B. Preparing the Tempo for Use:

1. Ensure that the battery pack supplied is fully charged before use and place the fully charged battery into the battery position of the Tempo located at the rear of the mast (see Fig. 1). To do this, locate the recess across the bottom of the battery with the protrusion at the bottom of the battery position. Then pivot the battery into position until the retaining catch engages.
2. Ensure that the green reset button (located on the control console below the dual control panel) is pressed in (see Fig. 5).

C. Selecting the Sling:

The slings have color-coded connection loops for size identification, as follows:

1. Brown – Extra Small – XS
2. Red – Small – S
3. Yellow – Medium – M
4. Green – Large – L
5. Blue – Extra Large – XL
6. White – Extra Extra Large – XXL

D. To Lift From a Chair:

1. Fit/apply the correct size sling to the resident.
2. Ensure that the two plastic reinforcement pieces have been inserted into the sling head pockets before using the sling. This is vital for proper head and neck support.
3. Tempo chassis legs should be adjusted open or closed to fit around a chair, toilet, etc.
4. Place the sling around the resident so that the base of his/her spine is covered, and the head support piece is behind the head. Pull each leg piece under the thigh so that it emerges on the inside of the thigh (see Fig.9).
5. Ensure that the positioning handle/gray knob on the spreader bar is facing away from the patient, and that the wide part of the spreader bar is located at the resident's shoulder level (see Fig. 10).
6. Ensure that the Tempo is close enough to attach the shoulder clips of the sling to the spreader bar. To achieve this you may have to put the resident's feet on or over the chassis (base).

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POLICIES AND PROCEDURES – Subject: Lift – ARJO Tempo Lift

V. PROCEDURES: (continued)

7. Once the Tempo is in position, attach the shoulder strap attachment clips to the pegs on the spreader bar (see Fig. 11).
8. Use the handset control to lower the spreader bar, being careful not to lower it on to the resident. (If this should happen there is an automatic cut-out device, which will prevent any further downward movement. Do not continue to press the handset lowering button). NOTE: If the handset button is released during lifting or lowering, powered motion will stop immediately.
9. Attach the leg strap attachment clips to the remaining two pegs on the spreader bar (see Fig. 12).
10. Two staff people must be in attendance with hands on once the actual lifting movement is ready to be started.
11. Raise the resident by operating the handset control. Always check that the sling attachment clips are in position before and during the lifting cycle, and in tension as the resident's weight is gradually taken up.
12. Lift the resident using the handset control, and adjust the resident to a comfortable degree of tilt/recline, using the tilt/recline button on the mast pole. The head support will now come into use (see Fig. 13). Some degree of tilt is desirable as this is the most comfortable position for transportation, as it reduces pressure on the resident's thighs.
13. Move the lift away from the chair. Remember to release the brakes, if they have been applied, before transporting the resident.
14. Reverse the above procedure to lower the resident into another chair or bed.

E. To Lift From a Bed:

1. Fit/apply the correct size sling to the resident.
2. Ensure that the two plastic reinforcement pieces have been inserted into the sling head pockets before using the sling. This is vital for proper head and neck support.
3. To position the resident on the sling, roll the resident toward you. Fold the sling in half and place it behind the resident's back (see Fig. 15). Position the sling carefully so that when rolled back, the resident will lie centered on the sling (see Fig. 16). Check that the head support piece of the sling covers the resident's neck. Finish by rolling the resident slightly to the other side so the folded part of the sling can be brought out and positioned

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift – ARJO Tempo Lift

V. PROCEDURES: (continued)

4. Approach the bed with the open side of the spreader bar toward the resident's head (see Fig. 17). Ensure that there is sufficient clearance underneath it to accommodate for the Tempo chassis legs. Tempo chassis legs may need to be adjusted open or closed to fit around bed frame wheels, cords, etc.
5. Position the Tempo so that the spreader bar is just above, and centrally located over the resident.
6. Ensure that the positioning handle/gray knob on the spreader bar is facing away from the patient, and that the wide part of the spreader bar is located at the resident's shoulder level.
7. Use the handset control to lower the spreader bar, being careful not to lower it on to the resident. (If this should happen there is an automatic cut-out device, which will prevent any further downward movement. Do not continue to press the handset lowering button). NOTE: If the handset button is released during lifting or lowering, powered motion will stop immediately.
8. Once the Tempo is in position, attach the shoulder strap attachment clips to the pegs on the spreader bar (see Fig. 18).
9. Bring the leg pieces under the thighs to connect to the thigh attachment points to the thigh attachment clips (see Fig. 19). This may involve lifting one leg at a time to connect. NOTE: If the resident has large thighs it may be easier to attach the thigh clips first.
10. Two staff people must be in attendance with hands on once the actual lifting movement is ready to be started.
11. Raise the resident by operating the handset control. Always check that the sling attachment clips are in position before and during the lifting cycle, and in tension as the resident's weight is gradually taken up.
12. Lift the resident using the handset control, and adjust the resident to a comfortable degree of tilt/recline, using the tilt/recline button on the mast pole. The head support will now come into use. Some degree of tilt is desirable as this is the most comfortable position for transportation, as it reduces pressure on the resident's thighs.
13. Move the lift away from the chair. Remember to release the brakes, if they have been applied, before transporting the resident.
14. To return the resident to bed, reverse the above steps, adjusting the sling position as necessary with the button on the mast pole, to move the resident into the

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift – ARJO Tempo Lift

V. PROCEDURES: (continued)

desired position above the bed, and then lower the resident onto the bed fully using the handset control.

15. Only when the resident's body is fully supported by the bed may the sling leg connection clips be detached, followed by the shoulder connections.
16. Move the Tempo away before removing the sling from under the resident.

E. To Raise from the Floor:

1. Fit/apply the correct size sling to the resident.
2. Ensure that the two plastic reinforcement pieces have been inserted into the sling head pockets before using the sling. This is vital for proper head and neck support.
3. Put the sling around the resident, using a rolling or sitting-up method. Depending on the circumstances, space and/or position of the resident etc., approach the resident with the open part of the chassis. Open the chassis legs if necessary, and lift the resident's legs over the chassis (see Fig. 21).
4. The resident's head and shoulders may be raised on pillows for comfort, if required, but this is not essential when connection up the sling to the spreader bar.
5. With the open part of the spreader bar pointing down toward the shoulders, attach the shoulder strap attachment clip (see Fig 22).
6. Next bring the leg pieces under the thighs to connect to the thigh attachment points to the thigh attachment clips (see Fig. 23). This may involve lifting one leg at a time to connect. NOTE: If the resident has large thighs it may be easier to attach the thigh clips first.
7. Always check that the sling attachment clips are in position before and during the lifting cycle, and in tension as the resident's weight is gradually taken up.
8. Two staff people must be in attendance with hands on once the actual lifting movement is ready to be started.
9. Raise the resident by operating the handset control. Always check that the sling attachment clips are in position before and during the lifting cycle, and in tension as the resident's weight is gradually taken up.
10. Lift the resident using the handset control, and adjust the resident to a comfortable degree of tilt/recline, using the tilt/recline button on the mast pole. Support the head to offer comfort and reassurance for the resident.

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift – ARJO Tempo Lift

V. PROCEDURES: (continued)

11. Once raised from the floor, ensure that the resident's legs are clear of the chassis before continuing to lift (see Fig. 24). The leg sections of the sling will tend to be fairly high in the crotch, so straighten them out for added comfort.
12. Transport the resident to a chair or bed.
13. If transferring to a bed, detach the shoulder and leg clips only after the resident's body is fully supported by the bed.
14. Remember to release the brakes, if they have been applied, then move the Tempo away from the bed before removing the sling from under the resident.

F. Using the Tempo for Toileting:

At the current time staff are not to use the Tempo for toileting, as we do not supply the special "toileting sling".

G. Transporting in the Tempo Lift:

Transportation of a resident should always be done with the chassis legs parallel (closed), as this will make maneuverability easier, especially through doorways. The resident should be positioned facing the attendant (see Fig.17).

VI. ATTACHMENTS: None

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**HEALTH CARE CENTER
POLICIES AND PROCEDURES**

SUBJECT: Lift—EZ-Lift

- I. PURPOSE:** To protect residents and staff from injuries during lifting, transfers, transport, and positioning.
- II. POLICY:** All staff is responsible for knowing the proper procedure to use with the EZ-Lift.
- o Improve working conditions by reducing the incidence of back fatigue and back injuries.
 - o Maintain a high level of resident dignity and quality care.
 - o Standardize all lifting procedures and provide tools to lift safely.
 - o Protect staff and residents from injury.
- III. REFERENCES:** EZ-Lift Operations Manual
Owen, B.D. and Garg, A. Back Stress Isn't Part of the Job" *American Journal of Nursing*, Jan. 1993.
U.S. Department of Health and Human Services. *Work Practices Guide for Manual Lifting* (DHHA [NIOSH] Publication No. 81-122), Cincinnati, OH, 1981.
Lippencott Manual
Mosby's Textbook for Nursing Assistants
Back Care Pamphlet
- IV. FORMS:** Resident Care Plan
- V. PROCEDURES:**
- A. Two staff are required for use of the EZ lift.
 - B. Staff will have read the operators manual for the EZ-Lift before operating.
 - 1. An Operators Manual is attached to each EZ-Lift.
 - 2. Additional Operators Manuals are available in the Unit Clerk's Office in the green 3-ring Equipment Binder.
 - C. Explain procedure to resident, insure privacy.
 - D. Clear appropriate area to maneuver EZ-Lift and resident.
 - E. Position appropriate sized EZ-Lift sling under resident, using proper body mechanics and avoiding skin shearing.
 - F. Move EZ-lift device into position next to bed, chair, toilet.
 - G. Open foot base on EZ-lift.

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift—EZ-Lift

V. PROCEDURES: (continued)

- H. Lower lift bar using control panel or hand control, until device hooks are within reach of sling loops.
- I. Insert same colored sling loops on each side of the sling at top and bottom into lift hooks.
- J. Press up (↑) or down (↓) buttons as needed on handset or unit base controls.
- K. When the resident is in the EZ-Lift, two (2) staff members must be in attendance. One person will maneuver the lift, and the other staff person will monitor the pathway to keep the sling and resident from swinging.
- L. Position the lift over the chair, tub, or bed.
- M. Lower the resident slowly and carefully using the handset or unit base controls, while the second person monitors the residents limbs to prevent injury.
- N. Unhook the sling loops from lift hooks.
- O. Remove the EZ-Lift from the resident area.
- P. Remove the sling from beneath the resident if the resident has prior skin integrity issues and or is at risk for skin breakdown.
- Q. Any malfunctions in the lift should be reported immediately to the Unit Nurse.
 - 1. A notice stating the equipment is not functioning properly will be placed on the defective unit until it is fixed.
 - 2. A workorder will be submitted by the Unit Nurse to have Facilities Maintenance staff inspect unit and repair it if possible.
 - 3. The Director of Nursing or Inservice Education Coordinator, if applicable will complete the FDA Medical Products Reporting form.

VI. ATTACHMENTS: None

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**HEALTH CARE CENTER
POLICIES AND PROCEDURES**

SUBJECT: Lift – ARJO Encore Lift

- I. PURPOSE:** To provide a safe transfer for short distances from bed, chair, commode and to standing positions for provision of cares or therapy sessions for residents weighing less than 420 pounds. It is not intended for long periods of suspension or transportation.
- II. POLICY:** Nursing staff will be responsible for the safe use of the ARJO Encore Lift following the proper procedure as outlined in the Encore Operations Manual. Residents may be transferred by one staff person with this lift if it has been assessed to be safe to do so. The care plans of residents who require two (2) staff persons for safe use of the Encore will reflect this.
- Improve working conditions by reducing the incidence of back fatigue and back injuries.
 - Maintain a high level of resident dignity and quality care.
 - Standardize all lifting procedures and provide tools to lift safely.
 - Protect staff and residents from injury.
- Facilities Management will provide maintenance and repair as needed after notification via a workorder generated by nursing.
- III. REFERENCES:** The ARJO Encore Operating Instruction Manual
Owen, B.D. and Garg, A. Back Stress Isn't Part of the Job" *American Journal of Nursing*, Jan. 1993.
U.S. Department of Health and Human Services. *Work Practices Guide for Manual Lifting* (DHHA [NIOSH] Publication No. 81-122), Cincinnati, OH, 1981.
Lippencott Manual
Mosby's Textbook for Nursing Assistants
Back Care Pamphlet
- IV. FORMS:** Resident Care Plan
Nursing Kardex
CNA Group Assignment Sheets
- V. PROCEDURE:**
- A. Resident Assessment:**
1. A suitably qualified person should carry out a clinical assessment before lifting residents in the Encore Lift. This applies to residents who have limited shoulder movement or who cannot hold on with one or both hands. Residents who have a curvature of the spine or severe osteoporosis, or who are subject to muscle spasms or other unanticipated movements, may not be suitable, and should be assessed carefully before lifting.
 2. Before lifting a resident, a staff person must familiarize her/himself with and understand the operation of the various controls and features of the Encore and to

/HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift - ARJO Encore Lift

V. PROCEDURES: (continued)

carry out any action or checking procedure in the section titled "Preparation for Use" in the Operation Manual before lifting a resident.

3. Explain the procedure to the resident and provide privacy when appropriate.

B. Selecting and Applying the Sling:

1. The slings have color-coded connection loops for size identification, as follows:
 - a. Brown – Extra Small – XS
 - b. Red – Small – S
 - c. Yellow – Medium – M
 - d. Green – Large – L
 - e. Blue – Extra Large – XL
2. Fit/apply the correct size sling to the resident.
3. Encore chassis legs should be adjusted open or closed to fit around a chair, toilet, etc.
4. Bring the Encore close to the resident.
5. Adjust the height of the Arc-Rest to be as low as possible. Make allowances for the patient's arms and any obstructions, i.e. chair arms, etc.
6. Approach the resident from the front with the lift. Stop before the foot support and Proactive Pad (shin pad) come into contact with the resident (see Fig 11).
7. Assist or allow the resident to place his/her feet on the foot support. Push the Encore gently toward the resident to help achieve this (see Fig 12).
8. Ensure that the resident's and operator's hands and limbs are kept clear of the operating linkage underneath the Arc-Rest when raising or lowering.
9. Adjust the Proactive (shin) Pad height if necessary. The top of the pad should be just below the resident's patella (knee cap) (See Fig 13).
10. Carefully push the lift close to the resident until their lower leg makes full contact with the Proactive Pad. Then apply the chassis brakes (see Fig 14).
11. *If the resident is likely to have any involuntary or unexpected movement of the legs, or if there is any concern that the resident will not keep their legs close to the Proactive Pad, it is essential to apply the lower leg strap.*
12. Have the resident hold the handgrips; assist if necessary, with their arms resting on the Arc-Rest.

HEALTH CARE CENTER
POLICIES AND PROCEDURES – Subject: Lift - ARJO Encore Lift

V. PROCEDURES: (continued)

13. Encourage the resident to lean forward slightly so that the selected sling can be placed around their lower back. Position the sling around the resident's back so that the bottom of the sling lies horizontally at the resident's waistline, with the arms outside the sling. Ensure that the support strap is separated and brought loosely around the body, and is not twisted or trapped behind the resident's back (see Fig 15).
14. Fasten the support strap securely, by overlapping the ends and pressing the Velcro together. The strap should be tight but comfortable for the resident (see Fig. 16).

C. Attaching Sling to the Lift:

1. Take each adjustment cord in turn and attach it to the sling. Ensure that the cone is pulled tightly into the cup section (see Fig. 17).
2. With both cords attached correctly, adjust them equally so that the slack is taken up in each cord and the back section of the sling supports the resident comfortably and securely. Lock the adjustment cords down into the cord retaining cleats. Ensure that the cord end knobs are away from the Proactive Pad (shin pad) when the resident's legs are near or in contact with the pad (see Fig 18).

D. Transferring from Sitting Position to Standing Position & Back:

1. Lock the Encore brakes.
2. If the resident is able to contribute to the standing procedure, this may be beneficial for confidence and muscular exercise. Encourage the resident to give as much assistance as possible to rise from the chair and/or steady himself or herself.
3. Press the "raise" button on the handset or dual control panel to raise the resident to a suitable height for the particular function, i.e. short distance transportation, toileting, bed to wheelchair transfer, etc (see Fig. 20).
4. NOTE: If the resident can stand sufficiently well and lock the knees in the normal way when fully raised, their knees will automatically come away from the Proactive Pad (shin pad) and they will be able to lean back into the sling.
5. Residents who can only hold on with one hand, i.e. those who have suffered a stroke, may still be lifted with the Encore. The non-functioning arm should be resting on the Arc-Rest or held across the chest, with the elbow resting on the end of the Arc-Rest. Velcro wrist fasteners are available if the resident cannot keep

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V. PROCEDURES: (continued)

their arm safely positioned on the Arc-Rest. The functioning hand should hold the handgrip in the normal manner.

6. Release the breaks and close the lift chassis legs, as this will make it easier to maneuver the lift.
7. Once the resident is maneuvered to the new seating place, adjust the legs of the chassis as necessary, and apply the brakes.
8. Press the "down" button on the handset or dual control panel to lower the resident into the new position.
9. Remove the sling, by reversing the process outlined in section B steps 13 & 14 and section C steps 1 & 2 above.

E. Using the Encore as a Walking Device

At the current time, staff are not to use the Encore for assistive walking, as a special sling is required.

VI. ATTACHMENTS: None

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